SERFF Tracking Number: AENX-125815418 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 40237

Company Tracking Number: GH AR0067701F01

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Business Alliance SERFF Tr Num: AENX-125815418 State: ArkansasLH

TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 40237

Sub-TOI: H21.000 Health - Other Co Tr Num: GH AR0067701F01 State Status: Approved-Closed Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI Disposition Date: 09/17/2008

Date Submitted: 09/12/2008 Disposition Status: Approved-

Closed

Group Market Type: Employer

Deemer Date:

Implementation Date Requested: Implementation Date:

State Filing Description:

### **General Information**

Project Name: 2008 Business Alliance Status of Filing in Domicile:
Project Number: GH AR0067701F01 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Overall Rate Impact:

Filing Status Changed: 09/17/2008
State Status Changed: 09/17/2008
Corresponding Filing Tracking Number

Corresponding Filing Tracking Number:

Filing Description:

This filing corrects AENX-125694181

Approved 6/13/08

Please note - For this refiling is a correction of the GR-9N S-14-35 03 and GR-9N S-15-35 03

Company Tracking Number: GH AR0067701F01

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

### **Company and Contact**

#### **Filing Contact Information**

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue (860) 279-1282 [Phone] Hartford, CT 06156 (860) 952-2069[FAX]

**Filing Company Information** 

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut

151 Farmington Avenue Group Code: 1 Company Type: Hartford, CT 06156 Group Name: Aetna State ID Number:

(860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

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## **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Aetna Life Insurance Company \$0.00 09/12/2008

Company Tracking Number: GH AR0067701F01

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

## **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	09/17/2008	09/17/2008

SERFF Tracking Number: AENX-125815418 State: Arkansas State Tracking Number: 40237

Filing Company: Aetna Life Insurance Company

Company Tracking Number: GH AR0067701F01

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

## **Disposition**

Disposition Date: 09/17/2008

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: GH AR0067701F01

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Hospital Expenses/Facility Expenses	Approved-Closed	Yes
Form	Hospital Expenses/Facility Expenses	Approved-Closed	Yes

Company Tracking Number: GH AR0067701F01

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

## Form Schedule

#### **Lead Form Number:**

Review	Form	Form Type	e Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Approved-	GR-9N S-	Schedule	Hospital	Initial		0	GR-9N S-14-
Closed	14-35 03	Pages	Expenses/Facility				35 03.PDF
			Expenses				
Approved-	GR-9N S-	Schedule	Hospital	Initial		0	GR-9N S-15-
Closed	15-35 03	Pages	Expenses/Facility				35 03.PDF
			Expenses				

[Policyholder: ABC Company Group Policy Number: 12345 Effective Date: January 1, 2004]

# [Schedule of Benefits]

PLA	AN FEATURES
[Hospital Expenses]	
[Inpatient Hospital Expenses] (including maternity)	[50%-100% after the Calendar Year <b>Deductible</b> , and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>deductible</b> ]
[Maximum per day]	[\$200-\$1,000]
[Outpatient Hospital Expenses (including surgery):]	[50%-100% after the Calendar Year <b>Deductible</b> , and Outpatient Calendar Year <b>Deductible</b> and a \$0-\$50 <b>deductible</b> per visit/surgical procedure]
[Maximum per visit]	[\$50-\$200]
[Maximum per [calendar year] [lifetime]]	[\$2,500-\$8,000] [3-10 visits]
[Maximum per calendar year (applies to inpatient and outpatient hospital expenses)]	[\$2,000-6,000*]
[*This maximum does not apply to <b>room and</b>	board expenses.]
[Facility Expenses]	
[Inpatient Facility Expenses]	[50%-100% after the Calendar Year <b>Deductible</b> , and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>deductible</b> ]
[Daily maximum benefit for <b>room and board</b> ]	[\$200-\$1,000]
[ICU maximum per day]	[\$300-\$3,000]
[Maximum per calendar year for other facility services and supplies]	[\$500-\$3,500]
[Maximum days per period of confinement] [calendar year] [lifetime]]	[5-30]
[Daily maximum benefit]	[\$300-\$600 per day up to 5-10 days per period of confinement]
[Outpatient Facility Expenses]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> ]

# [Schedule of Benefits]

PLAN FEATURES					
[Hospital Expenses]					
	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]		
[Inpatient Hospital Expenses]	[50%-100% after the Calendar Year <b>Deductible</b> and Inpatient Calendar <b>Year Deductible</b> and a \$0-\$50 per admission <b>copay</b> ]	[50%-100% after the Calendar Year <b>Deductible</b> and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>deductible</b> ]  [Not covered.]	[50%-100% after the Calendar Year <b>Deductible</b> and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>deductible</b> ] [Not covered.]		
[Maximum per day]	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]		
[Outpatient Hospital Expenses (including surgery)]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> and a \$0-\$50 <b>copay</b> per visit/surgical procedure]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> and a \$0-\$50 <b>deductible</b> per visit/surgical procedure]  [Not covered.]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> and a \$0-\$50 <b>deductible</b> per visit/surgical procedure] [Not covered.]		
[Maximum per visit]	[\$50-\$200]	[\$50-\$200]	[\$50-\$200]		
[Maximum per [calendar year] [lifetime]] [Maximum per calendar year (applies to inpatient and outpatient hospital expenses)]	[\$2,500-\$8,000] [3-10 visits] [\$2,000-6,000*]  [*This maximum does not apply to room and board expenses.]	[\$2,500-\$8,000] [3-10 visits] [\$2,000-6,000*]  [*This maximum does not apply to <b>room and board</b> expenses.]	[\$2,500-\$8,000] [3-10 visits] [\$2,000-6,000*]  [*This maximum does not apply to room and board expenses.]		

# [Schedule of Benefits]

PLAN FEATURES					
[Facility Expenses]	·				
	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]		
[Inpatient Facility Expenses]	[50%-100% after the Calendar Year <b>Deductible</b> and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>copay</b> ]	[50%-100% after the Calendar Year <b>Deductible</b> and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>deductible</b> ]	[50%-100% after the Calendar Year <b>Deductible</b> and Inpatient Calendar Year <b>Deductible</b> and a \$0-\$50 per admission <b>deductible</b> ]		
[Daily maximum benefit for <b>room and board</b> ]	[\$200-\$1,000]	[\$200-\$1,000]	[\$200-\$1,000]		
[ICU maximum per day]	[\$300-\$3,000]	[\$300-\$3,000]	[\$300-\$3,000]		
[Maximum per calendar year for other facility services and supplies]	[\$500-\$3,500]	[\$500-\$3,500]	[\$500-\$3,500]		
[Maximum days per period of confinement] [calendar year] [lifetime]]	[5-30]	[5-30]	[5-30]		
[Daily maximum benefit]	[\$300-\$600 per day up to 5-10 days per period of confinement]	[\$300-\$600 per day up to 5-10 days per period of confinement]	[\$300-\$600 per day up to 5-10 days per period of confinement]		
[Outpatient Facility Expenses]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> ]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> ]	[50%-100% after the Calendar Year <b>Deductible</b> and Outpatient Calendar Year <b>Deductible</b> ]		

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Product Name: 2008 Business Alliance

Project Name/Number: 2008 Business Alliance/GH AR0067701F01

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-125815418 State: Arkansas 40237

Filing Company: Aetna Life Insurance Company State Tracking Number:

GH AR0067701F01 Company Tracking Number:

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2008 Business Alliance

2008 Business Alliance/GH AR0067701F01 Project Name/Number:

## **Supporting Document Schedules**

**Review Status:** 

Certification/Notice Approved-Closed Satisfied -Name: 09/17/2008

Comments: Attachment:

AR - READABILITY CERTIFICATION.PDF

**Review Status:** 

Application Approved-Closed Bypassed -Name: 09/17/2008

not applicable **Bypass Reason:** 

Comments:

**Review Status:** 

Outline of Coverage Approved-Closed Bypassed -Name: 09/17/2008

not applicable **Bypass Reason:** 

**Comments:** 

#### STATE OF ARKANSAS

#### **READABILITY CERTIFICATION**

**COMPANY NAME:** Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-9N S-14-35 03	0
GR-9N S-15-35 03	0

Signed: Name: Title:			
Date:			